U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managemen and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Chity (M25 MB E DPDP		
1. File Number U -	2. Fiscal Year Covered From:	
4300	1 / 1 / 04 Through: 12 / 31 / 04	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Arlen R Day	Name IBEW Local Union 270	
	Lebor Organization File Number 039-256	
P.O. Box, Bldg., Room No., If any P.O. Box 6288	P.O. Box, Building and Room Number, If any P.O. Box 6288	
Street	Street	
Chy Oak Ridge	Chy Oak Ridge	
Stels Tn ZIP Code + 4 37831	State ZIP Code + 4 37831	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests. (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., If any		
Street	7.b. Amount.	
City		
State ZIP Code + 4	Annual Triple Tr	
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, tipe, correct, and complete. (See the section on penalties in the instructions.) Signed On 8-18-05 865-483-1354		
	Date Telephone Number	

Name of Person Filing Arlen Ray Day	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bidg., Room No., if any	X b. Trust	
Street	c. Employer	•
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	-
Name Southern Elect. Retirement Fund	2004 Travel, Meals and I	
Trade Name, if any:	expenses incurred attend Trustees meetings	ling
P.O. Box, Bidg., Room No., If any P.O. Box 1449		
Street	11.b. Approximate dollar value of such dealing.	[1,389
Cay Goodlettsville	12.a. Nature of interest held or income received.	1_21222
State ZIP Code + 4 37070	Reimbursed Expenses	#±###################################
	·	•
	12.b. Amount.	L, 389
C. Received from any ampleyer (other than an employer covered under parts A and B above) or from any teher relations consultant to gift employer any payment of manay or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.s. Nature of payment,	
(including trade name, if any).		* *
Name	,	
Trade Name, if alty.		
P.O. Box, Bidg., Room No., If any		
Street		••
City	The state of the s	
State ZIP Code + 4		
13.b. la the Business an Employer 7 or Consultant 7	14.b. Amount of payment.	
		1

Name of Person Filing Arlen Ray Day	FRe Humber U-	
B. Held an interest in or derived knoome or economic benefit with monetary valuable substantial part of which consists of buying from selling or tensing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or tensing directly or like tenting with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	พ่ระ denting with ปีเค bushiess rely sockling to represent, อะ frectly to, or citive wise	
8. Name and address of Business (kickuding trade name, # exry).	P. Buskiess deals with:	
Name	9, Labor Organization	
Trade Name, I any:	X b. Trust	
P.O. Box, Bldg., Room No., It any	e. Employer	
Street		
Chy		
Stole ZIP Code + 4		
10, ff P.b. or B.c. is checked give bust or employer's name.	11.s. Nature of such dealing.	
Name Southern Electrical Health Fund	2004 Travel, Meals and Lodging expenses incurred attending Trustees meetings	
P.O. Box, Bldg., Room No., Nony P.O. Box 1449	11430000 11300111130	
Street	Company of the Compan	
Chy Goodlettsville	11.5. Approximate dollar value of such dealing. 1.654 12.n. Nature of interest held or income received.	
State Tn 21P Code + 4 37070	Reimbursed Expenses	
	and the second s	
	12.b. Athourt	
C: Received from any employer (other tinn an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Lebox Relations Consultant. To see Se	4 is lighter of payment of	
(Including trade name, if any).	Company Policy and Company and	
Name -		
Trade Name, II arry:	A vancous at the	
P.O. Box, Bidg., Room No., II mry	The state of the s	
Sheet		
City ZIP Code + 4		
State 277 Coop + 4	14.b. Amount of payment.	
13.b. to the Dustriess on Employer or Consultant 7	——————————————————————————————————————	

Name of Person Filing Arlen Ray Day	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or teasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if eny).	9. Business deals with:		
Name New York Life Investments. Inc.			
Trede Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., If any	b. Trust c. Employer		
Street 690 Canton St.			
Cay Westwood			
State Maine ZIP Code + 4 02090			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.e. Nature of such dealing.		
Name	This officer was in attendance at the annual construction workers union		
Trade Name, # arry:	conference mtg. at Washington, D.C. in March 2004. The Life Investmt. Co. named		
P.O. Box, Bldg., Room No., if any	had a trade show display in the lobby of		
Street	the union organization's meeting place.		
	11.b. Approximate dollar value of such dealing, 199		
City	As a result of a drawing from names		
State ZIP Code + 4	of registered officers, this officer		
	was awarded a door prize of a golf club having a value of \$199.00 as		
	reported by the New York Life Company.		
	12.b. Amount. 199		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if eny).			
Name			
Trada Name, if any:			
P.O. Box, Bidg., Room No., If any			
Street			
Chy			
State ZIP Code + 4			
13.b. to the Business on Employer or Consultant ?	14.b. Amount of payment.		